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# Work ability meetings—a survey of Finnish occupational physicians

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<b>Background</b>	Work ability meetings (WAMs) are planned discussions between an employee, a manager and an occupational physician (OP) to support work ability and return to work (RTW). During the last decade, WAMs become a popular intervention in Finnish occupational healthcare, although research on their content is lacking.
<b>Aims</b>	To describe the practice of WAMs in Finland.
<b>Methods</b>	We sent an internet survey by e-mail to members of the Finnish Society of Occupational Health Physicians in August 2014. We asked them to describe the last WAM they had attended, the employee the meeting concerned, the reason why it was convened, the content of the meeting and the action plan developed.
<b>Results</b>	A total of 303 of 1304 OPs responded (24%) to the survey. The meetings were most often arranged for employees in manual or clerical work (71%). There were several overlapping reasons for convening a WAM, including a worker's reduced work ability (57%), functional ability (42%) or long-term sickness absence (38%). The meetings consisted of RTW planning, clarification of the situation and a dialogue between the three parties. In half of the cases, the action plans dealt with modifications of work tasks. A third of cases were forwarded to vocational rehabilitation, while permanent disability pension was considered in 6% of cases.
<b>Conclusions</b>	The focus of WAMs was on workplace adjustments to support workers to remain at work. The WAMs dealt mostly with early interventions for RTW: work modifications, adjustments and vocational rehabilitation.
<b>Key words</b>	Occupational health; return to work; work ability.

## Introduction

Work ability meetings (WAMs) involve an employee, a manager and a representative of the occupational health service (OHS) meeting to discuss the employee's work ability or return to work (RTW). With an ageing workforce, WAMs have become a popular intervention in Finnish occupational health as it has transferred the focus from the primary prevention of occupational disease towards the promotion of work ability [1]. Since employers in Finland are legally obliged to have occupational health care for all employees [2], OHS have a unique opportunity to provide services to support the work ability of all employees.

The aim of this study was to survey WAMs from the perspective of occupational physicians (OPs). We asked about the criteria used for organizing these meetings, their content and resulting action plans.

## Methods

We conducted an internet survey of OPs who were members of the Finnish Society of Occupational Health Physicians and who had an e-mail address. The society had ~1650 members in 2014. The survey was targeted at those members who were participating in clinical work and in WAMs as part of their normal practice.

The questionnaire focused on the last WAM they had attended, the reasons why the meeting was convened, the content of the meeting and the action plans made in the meeting. To describe the WAMs, the respondents were allowed to choose from several pre-defined categories or to suggest their own alternatives. We also asked OPs about background information of the employees.

The questionnaire was formulated after a pilot study with experienced physicians. The survey was launched in August 2014, with two reminders. The results were

analysed using SPSS for Windows, version 20 (SPSS Inc., Chicago, IL).

Ethical approval was not sought as no individual health information was included.

## Results

An e-mail address was available for 1304 members, with 17 e-mails returned stating that the recipient was retired or was working outside occupational health. A total of 303 OPs responded, giving a response rate of 24%.

The responding OPs were mainly women (69%) and their mean age was 52 years. The majority were specialists in occupational health (59%).

The employees participating in WAMs were also mainly women (67%), with a mean age of 47 years. The majority were manual or clerical workers (71%) which resembles the figure in national statistics (70%) [3]. Of the employees taking part in WAMs, 32% had a musculoskeletal disorder (MSD), and 18% had a mental health problem.

We classified WAMs into three major types: RTW planning, clarification of the situation and dialogue between the parties. For employees with mental health problems, clarifying the situation and enhancing the dialogue between the manager and the employee were more

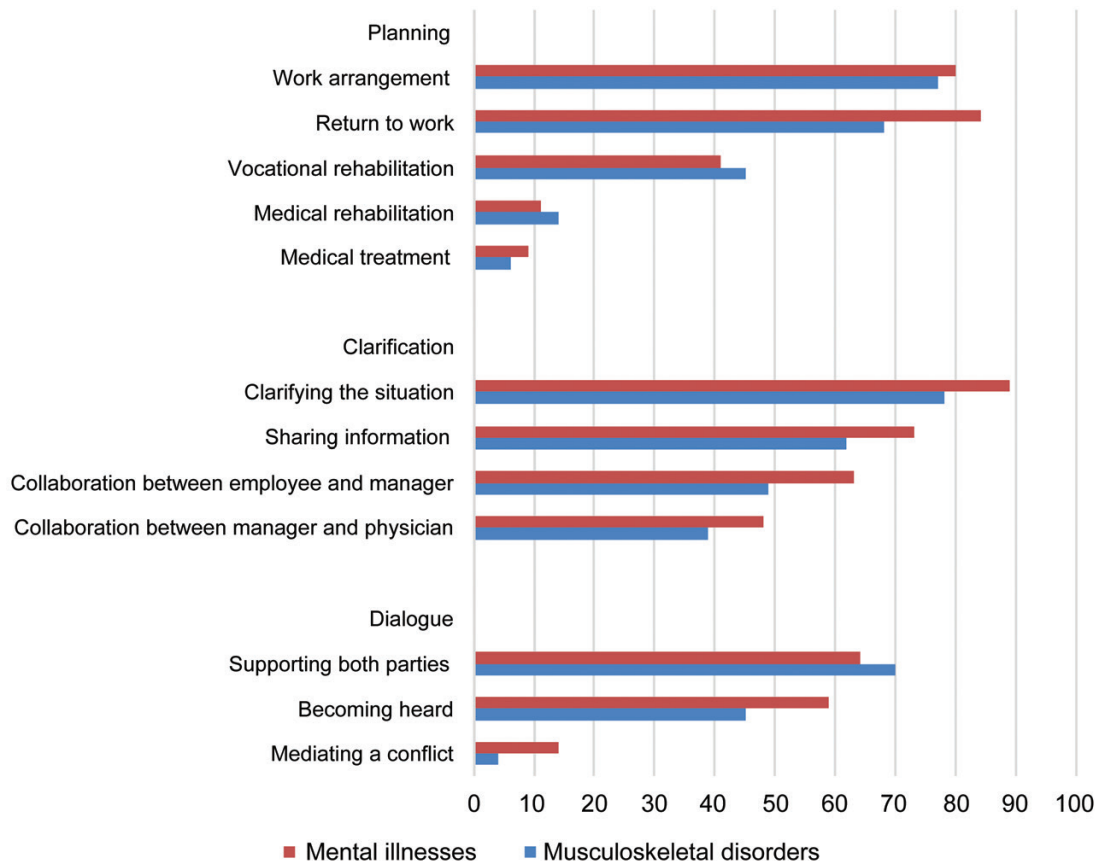
common in the WAMs than for employees with MSDs. For employees with MSDs, the WAMs more often focused on planning vocational and medical rehabilitation. With both of these disorders, the planning of work arrangements was the main focus of WAMs (Figure 1).

The outcome of the WAMs depends largely on the quality of the action plans. We found three main categories: work adjustments, rehabilitation and reduced work participation, which could be temporary or permanent. The majority of action plans concerned work accommodations that most often dealt with modifications in work tasks (48%) or limitations in work activities (48%). Vocational rehabilitation was recommended in over 30% of cases, most commonly in the form of a work trial (22%). In 4% of cases, the parties could not agree on a solution. Ending the work contract was suggested in 3% of meetings.

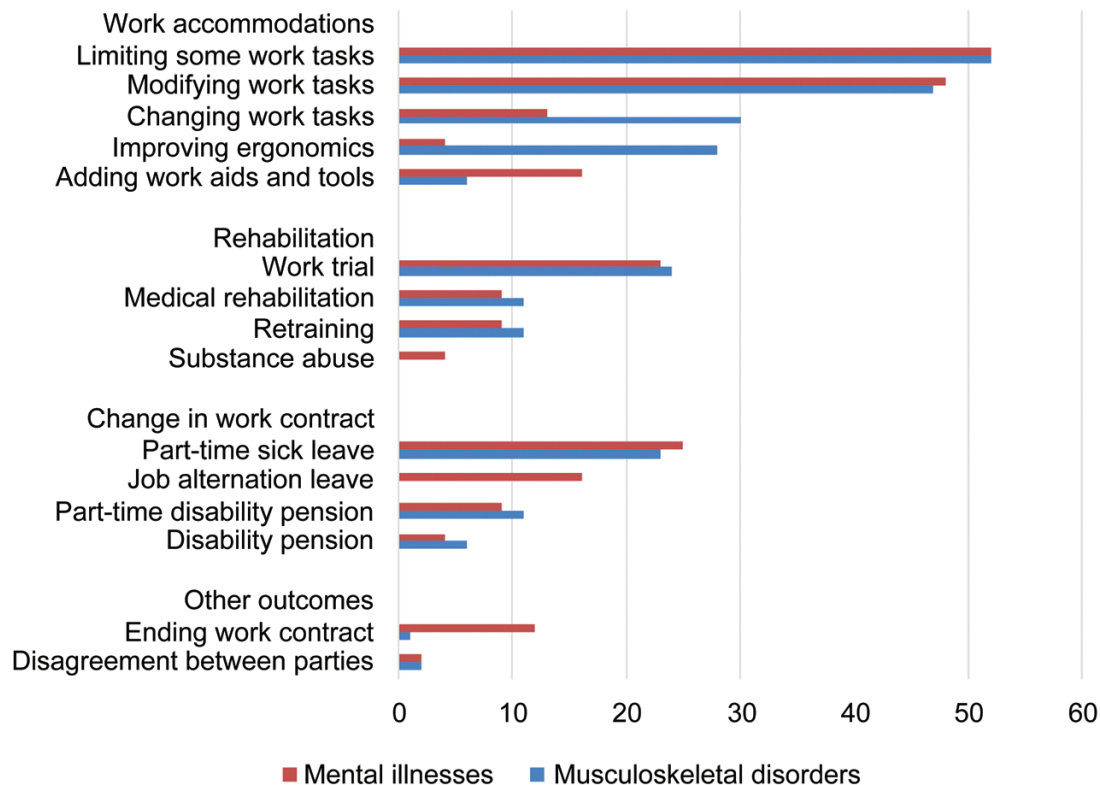
The content of the action plans differed between MSDs and mental health problems. With mental health problems, changes to the work tasks were recommended less frequently than in MSDs (Figure 2).

## Discussion

We found that the main focus of meetings was planning of work arrangements. The action plan most often



**Figure 1.** Content of WAMs in MSDs ( $n = 97$ ) and mental health problems ( $n = 56$ ) in three phases of the meetings: dialogue, clarification and planning.



**Figure 2.** The action plans in the WAMs (MSDs  $n = 97$ , mental health problems  $n = 56$ ).

included work modifications and the limiting of certain work tasks to support recovery and RTW.

Our study had some limitations as the questionnaire was developed to meet the needs of this survey, and the validity and reliability of the questionnaire were not tested. Since our survey concerned OPs who were members of the Finnish Association of Occupational Health Physicians and whose e-mail address was available, some physicians were not contacted. The response rate was low and may have led to bias.

Other studies have found that one of the important factors for sustained RTW is integral and effective communication and collaboration with the absent employee and other RTW stakeholders. They also found a supportive work environment to be an important facilitator [4]. The manager adopting a supportive role and interaction between manager and employee improves outcomes in the RTW process [5,6]. The WAM is an opportunity to enhance communication between the employee and the manager, and indeed increasing collaboration between them was observed in nearly half of the cases in our study.

Similar interventions to WAMs exist in other countries. Schandelmaier *et al.* [7] collated evidence in a systematic review that RTW coordination interventions resulted in small relative increases in the RTW of disabled or sick-listed patients, and associated small improvements in function and pain. Andersen *et al.* [8] found that in mental health problems, social support

during sickness absence and in the process of RTW on the side of supervisors and colleagues were essential to help in a full-time RTW.

According to a systematic review, work adjustments are among the most effective measures for RTW [9] encouraging and enabling the employee to continue in their own work despite disability. The work disability management policies of the employer also have an important role enabling work adjustments and other RTW activities [10].

### Key points

- Work ability meetings to support work ability and return to work have become a common intervention in Finnish occupational health care.
- Work ability meetings dealt mostly with early interventions for return to work: work modifications, accommodations and vocational rehabilitation.
- Occupational physicians, who act as general practitioners for the working population in Finland, have an important role in the prevention of work disability in collaboration with managers and employees.

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## Competing interests

None declared.

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